Department of Labor & Industries Employment Standards Section PO Box 44511 Olympia WA 98504-4511



## **APPLICATION FOR** FARM LABOR CONTRACTOR LICENSE

Olympia WA 98504-451	1	6881	•	NEV	V LICENSE	RENEWAL	
Applicant's full legal name		First		Middle			
Applicant's home address	it's home address			City		State ZIP	· ·
List any other name used					-		
Area of proposed business:  Production or harvest	ing of form products		Forestatic	on or reforestation of l	anda	Business phone	
Type of business	ing of far in products			ss(corporate and/or ass		me)	
Sole proprietor	Partnership	Corporation				, and the second	
UBI			L&I Account				
If a partnership, list the name,	home and business add	resses of each	partner				
Home	Home				Home		
Business address	. ++-	Business address			Business address		
City		City			City		
If a corporation, give state of i	ncorporation	Date incorporated		Attach copy of certificate of incorp	oration	Corporate business phone	
Permanent Washington address			City		State ZIP		
Note: all changes in your perm immediately to the Director of		must be repor		amount or percentage of osed farm or forest labo			
List all persons financially inte	erested, either as partner	rs, stockholder	s, associates, profi	t sharers or providers o	f board or lodging	to agricultural employees.	
Address	-		Address	Address			
City	State ZIP City		State ZIP		City State ZIP		
	State ZII	City				State Zir	
Telephone no.	Amount of	Telephone no.		Amount of	Telephone no.	Amount of	
Have you or any of your agent suspended, revoked or denied			profit sharers now	or ever had a farm labor	or contractor's lice	ense Yes 1	No
If "Yes," give the name of the	person, the state or fede	eral agency inv	olved and the date	e of suspension, revocat	ion or denial.		
Are you or any of your agents, contractor in any other state(s)		ockholders or p	profit sharers now	or ever been licensed to	operate as a farm	n labor Yes T	No
If "Yes," name the person(s) a	nd dates licensed.						
Are there any pending administration associates, stockholders or pro	•					Yes	No
If "Yes," set forth in detail the							
Were you licensed as a farm la	abor contractor in Wash If "Yes," how many	How many workers do you plan to employ this year?					
Set forth in detail how and wh	ere you intend to obtain	your employe	ees and a descripti	on of the work you inte	nd to perform.		
and the second s	<u>,</u>	· · · · · · · · · · · · · · · · · · ·					

Do you intend to use any motor	r vehicle in the			If "V== " -: !! 4 1 ! 1 ( )	Y
conduct of your farm labor con	tracting activities?	Yes	☐ No	If "Yes," will the vehicle(s) be used to transport workers?	Yes No
For each vehicle to be used, co	mplete the following a	nd supply evider	nce to prove liab	ility coverage.	
Name of the insurance company	v			(if more	space is needed, attach additional sheets)
,	,				
Company's address					
City		State	ZIP+4		
Business name of insurance age	ent		7,077.		
Agent's business address				TANK TO THE TANK T	
City		G	770.4		
City		State	ZIP+4		
Agent's business phone	Policy Number	<b>ৰ</b>		Amount of coverage	
That I will at all time Code of Washington With regards to any Director of the Was when I am not presunavailable to accept That I will comply to	nes conduct my but and the rules of a action filed aga hington Department in the jurisdict service.	the Director inst me concent of Labor action in which	farm Labor Cof the Washi erning my acand Industrie the action 19.30, Revise	Contractor in accordance with ngton State Department of Letivities as a Farm Labor Cos as my lawful agent to accept is commenced or have in a celed Code of Washington.	abor and Industries.  Intractor, I appoint the pt service of summons any other way become
That the information correct to the best o		on or with the	his application	on for a Farm Labor Contract	tor License is true and

NOTE: The Contractor must submit all materials to the Department in one package